

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047541

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 101 Primary Registration District No. 5399 Registrar's No. 71

FILED JAN 7 1964

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell Township		Length of stay in 1b 16 yrs.	c. CITY OR TOWN Ava
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 3,
3. NAME OF DECEASED (Type or print) First Middle Last Tellas L. Archer		4. DATE OF DEATH Month Day Year Dec. 21, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-12-08 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming and School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Asher, Okla.	9. AGE (last birthday) 55
13a. FATHER'S NAME George Edward Archer		13b. MOTHER'S MAIDEN NAME Annie Davis	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes WW Two		14. NAME OF HUSBAND OR WIFE Alice V. Archer	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		17. INFORMANT Address Dr. James Ryan, Norman, Okla.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Burned to death when home burned	
20c. TIME OF INJURY Hour Month, Day, Year s.m. a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ava, Mo. Rt 3		20f. CITY, TOWN, OR LOCATION Ava, Mo. Rt 3	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 10:30 A. M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 12-22-63	
22a. SIGNATURE (Degree or title) Don Lander Sheriff		22b. ADDRESS Ava Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-22-63	23c. NAME OF CEMETERY OR CREMATORY Wanatte, Okla.	23d. LOCATION (City, town, or county) Wanatte, Okla.
24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. 12-24-63	26. REGISTRAR'S SIGNATURE Vestal Buchanan

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

11770-012

JAN 17 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles R. Fosh

Licensed Embalmer No. 4662

P. O. Address Avon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.